

Connect 5

CHANGING THE CONVERSATION ON MENTAL WELLBEING

LIVE ONLINE

Module 2

Participant Notes



AN INTRODUCTION TO...

CONNECT 5 Module 2

The aim of Connect 5 is to improve population mental wellbeing by changing the way we have conversations about mental wellbeing.

Session 2: Brief mental wellbeing intervention

The intended outcome of session 2 is to change the way we have mental wellbeing conversations so that we have conversations in which we and the person we are talking with develop a shared understanding of their mental wellbeing needs.

The purpose of Connect 5 session 2 is to:

- ▶ Apply the five areas model to a wellbeing conversation.
- ▶ Practice the 3Cs of connected conversation.
- ▶ Assess the nature and extent of the mental wellbeing issue being presented to ensure people get the right help at the right time.
- ▶ Identify steps that can be taken to improve mental wellbeing.
- ▶ Locate services and resources that support people to improve mental wellbeing.



Module 2



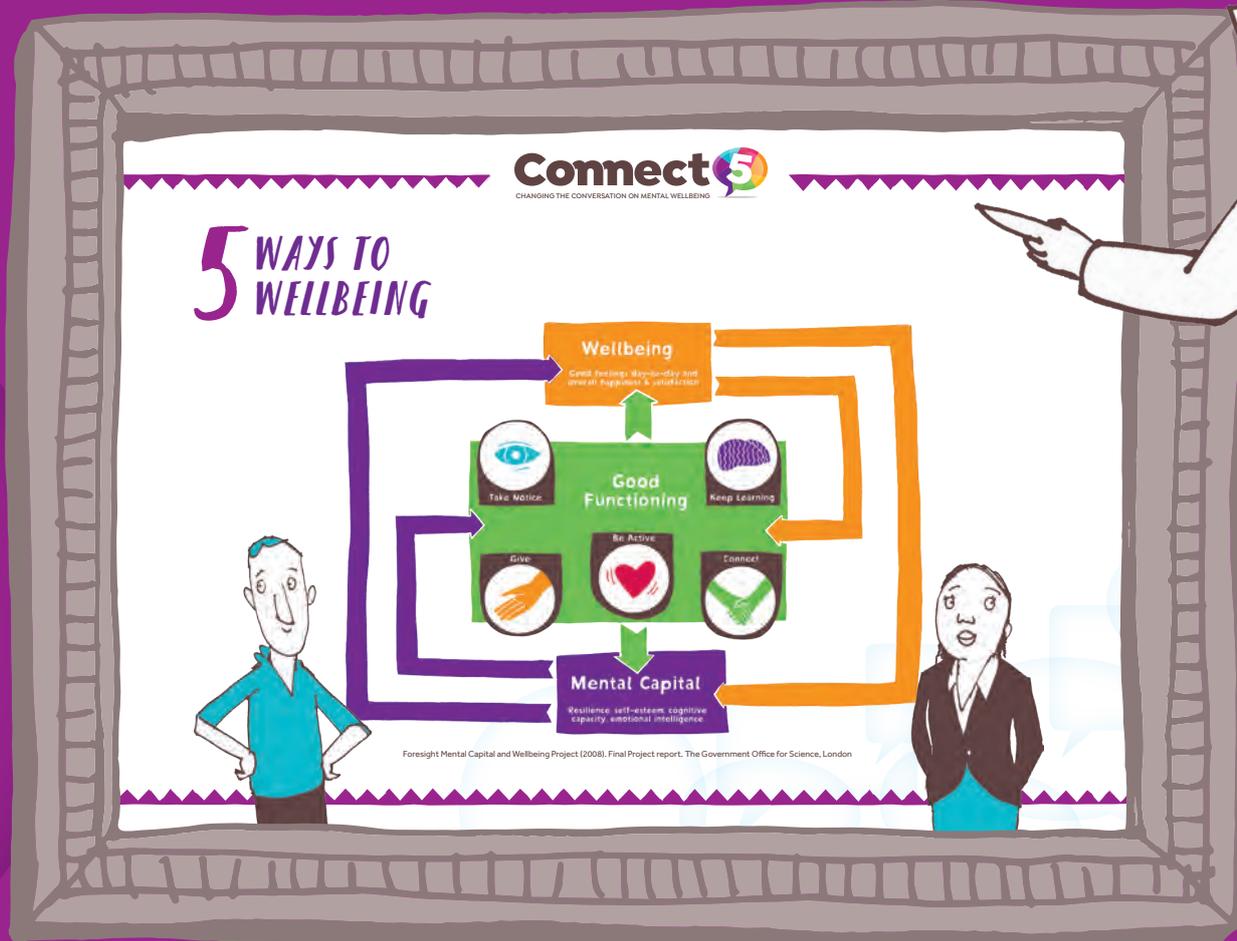
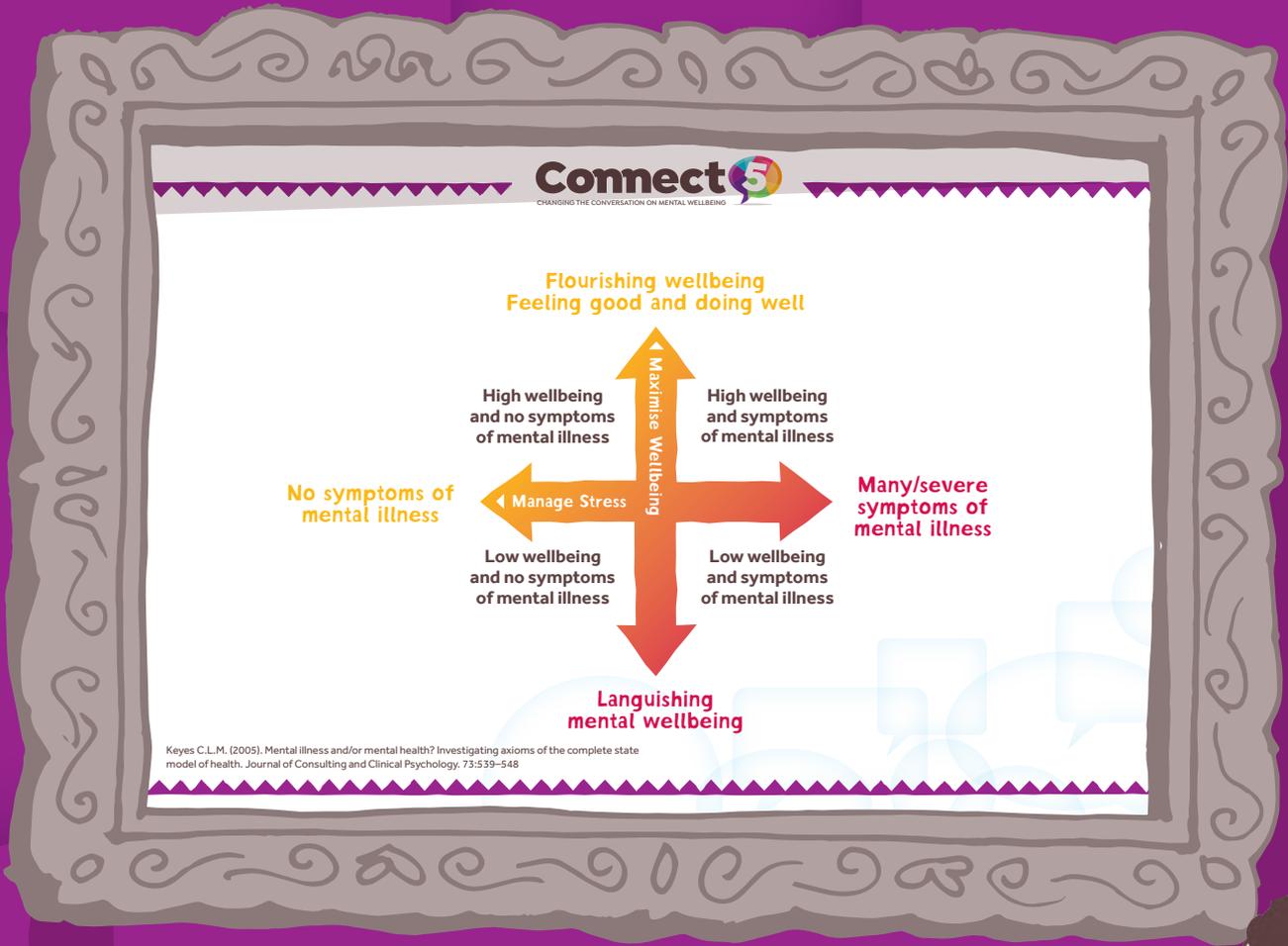
The aim of Connect 5 is to improve population mental wellbeing by changing the way we have conversations about mental wellbeing.

BRIEF MENTAL WELLBEING INTERVENTION

The intended outcome of session 2 is to change the way you have mental wellbeing conversations so that you have conversations in which you and the person you are talking with develop a shared understanding of their mental wellbeing needs.

By the end of the session you will:

- ▶ Apply the five areas model to a wellbeing conversation.
- ▶ Practice the 3C's of connected conversation.
- ▶ Assess the nature and extent of the mental wellbeing issue being presented so that when it is needed we can assist people to access specialist help and support.
- ▶ Identify with the person the steps they can take to improve their mental wellbeing.
- ▶ Locate services and resources that support people to improve their mental wellbeing.



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CHANGING THE CONVERSATION ON MENTAL WELLBEING

WHAT WE THINK

WHAT WE DO

WHAT WE FEEL

ACTIVE INGREDIENTS OF ACTIVITY

APPS

- ▶ Achievement
- ▶ Pleasure
- ▶ Physical
- ▶ Social

LLTF living life to the full
www.lltf.com

Vicious Cycle

From the:
Understanding your feelings/
Why do I feel so bad
resources.

What's going on? Describe the situation:

My thoughts:

My feelings:

My behaviour:

My body:

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www.fiveareas.com www.lltf.com

WHAT MAKES MENTAL WELLBEING CONVERSATIONS DIFFICULT?

What holds you back or gets in the way of getting onto mental wellbeing conversation with others?



What stops you or gets in the way of talking openly about your own mental wellbeing struggles and difficulties?

WEARING A MASK

1. Stigma
(a distinguishing mark of social disgrace)

Self judgement (internal shame)
I think less of myself and I don't want that seen by others.

Other judgement (external shame)
others will think less of me.



Can of worms

- ▶ **Fear:** making the person feel worse, saying the wrong thing, releasing strong damaging emotions, damaging the person.
- ▶ **Belief:** not my job, it's specialist, not got enough time, once it starts it's out of anyone's control.

2. Avoiding/denying are our natural and habitual ways of coping.

It's easy and tempting to say nothing: act normal and it might go away.

Fear of making it worse: saying it aloud makes it real (will I be able to cope?).



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CREATING THE BEST CONDITIONS FOR MENTAL WELLBEING CONVERSATIONS

3Cs
of connected conversation

CONVERSATIONAL FEEL **COMPASSIONATE CARE** **COMMUNICATION SKILLS**

3Cs © Elysabeth Williams 2019

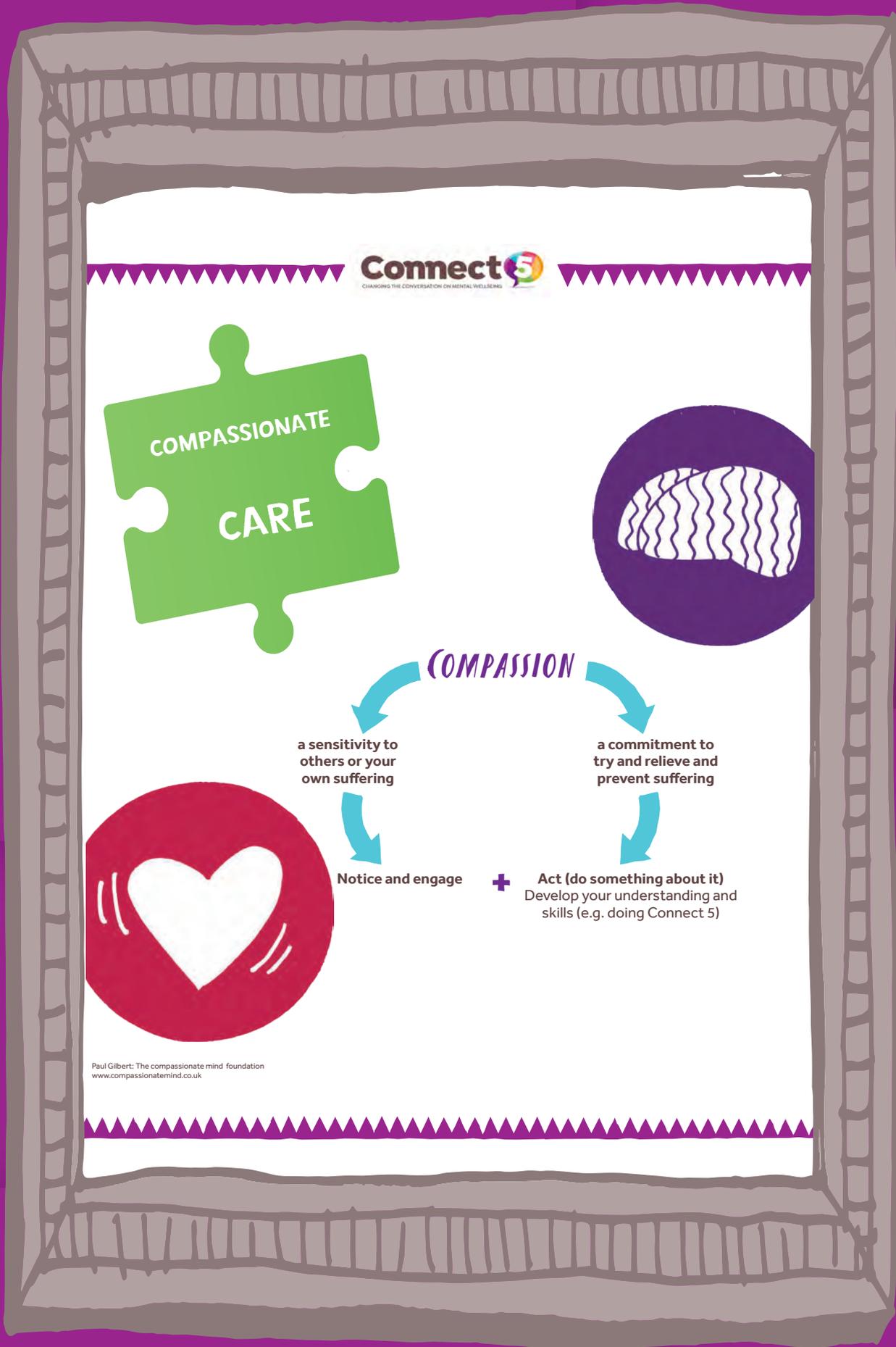


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CONVERSATIONAL FEEL *MOVING AWAY FROM CONTROLLED DISCUSSION TOWARD AND OPEN DISCOVERY DIALOGUE*

→

<p>Controlled discussion is designed to get a person to choose between one or two alternatives.</p> <ul style="list-style-type: none">▶ Aims to fix a problem.▶ Tends toward either/or thinking.▶ Focuses on closure and completion.▶ The agenda is controlled by the worker.▶ Only sees parts of a person .	<p>Open discovery dialogue helps to surface the alternatives and lay them side by side, so they can be seen in context.</p> <ul style="list-style-type: none">▶ Reaches new understanding, from which to think and act.▶ Evokes new insight (reordering knowledge and assumptions).▶ Power is shared: people think together, the content is co-produced and unfolds within the space.▶ Sees the whole person.
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**COMPASSIONATE
CARE**



COMPASSION

a sensitivity to others or your own suffering

a commitment to try and relieve and prevent suffering



Notice and engage

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Act (do something about it)
Develop your understanding and skills (e.g. doing Connect 5)

Paul Gilbert: The compassionate mind foundation
www.compassionatemind.co.uk

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COMPASSIONATE CARE

**CONNECTED CONVERSATIONS:
COMPASSIONATE COMPONENTS**

- Resisting judgement**: Resisting judging a person's pain, distress or situation and simply accepting and validating their experience
- Motivation**: Motivation/commitment (care of others): to be caring, supportive and helpful to others
- Sensitivity**: the capacity to maintain an open attention, enabling us to notice when others need help
- Sympathy**: The ability we all have to be moved emotionally by another's distress
- Distress tolerance**: our ability to bear difficult feeling in others and ourselves
- Empathy**: Emotional aspect recognise another's feelings, motivations and intentions; thinking aspect make sense of another's feelings and our own responses to them



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COMMUNICATION SKILLS

**CONNECTED CONVERSATIONS:
THE SKILLS THAT MAKE IT POSSIBLE**

KEEPING IT OPEN
Using open questions invites in the persons experience as it is for them.
Who What When Where How Why (use 'Why' sparingly).

PICKING UP AND EMPATHICALLY RESPONDING TO THE CUES
Maintaining an open non-judgemental attention enables you to pick up and respond to cues beyond words; to be present, to listen and help work out with the other person what's helpful to them.
"That sounds really difficult, I can hear how upset you are".

COLLABORATE (KEEP SHARING THE POWER)
Checking out with the person at every step, helps maintain safety and involvement ensuring you only go where the person wants you to.
"Are you OK talking about this with me today?"
"Would you like us to think together about where you might get some more help with this?"

REFLECTION & SUMMARY
These skills keep the dance of the communication going. They help co-create a new understanding, keeps you checking-in whether you are hearing accurately and help the person get an outside perspective on their experience.

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SIMPLICITY ON THE OTHER SIDE OF COMPLEXITY

"Everything has become quite complicated. Things that were simple, like neighbourly conversation, have become a technique, like intergenerational, cross-cultural dialogue.

Once a simple process becomes a technique, it can grow more complex and difficult. It never becomes simpler. It becomes the specialised knowledge of a few experts, and everybody else becomes dependent upon them. We forget we ever knew how to do things like conversation, planning or thinking. Instead, we become meek students of difficult methods."

Margaret Wheatley (2009) : Turning to one another. Simple conversations to restore hope for the future.

Complexity

Simplicity

Enlightened Simplicity

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Communication Skills

Conversation
"to turn together"

Deliberation
"to weigh it out"
get to know how it is for that person

Inquiry
"exploring what you don't yet understand"

Choice Point

Compassionate Care

Conversational Feel

Connected Conversation

- Listen without judgement
- Accept the person as they are

Controlled discussion

- Defend / ward off / protect
- Fixing, imposing solutions, giving advice
- Dismissing a person's experience
- Blocking cues
- Filling the silences

3Cs © Elisabeth Williams 2019

PRACTISING CONVERSATIONAL SKILLS IN PAIRS

Person 'A'

- ▶ Think of a difficult work/home situation you have recently faced that you are comfortable talking about now.

Person 'B'

- ▶ Use the skills to open the conversation and let the person know you are really hearing what they are saying.



Vicious Cycle

From the:
Understanding your feelings/
Why do I feel so bad
resources.

What's going on? Describe the situation:

My thoughts:

Altered
Thinking

Altered
Feelings

My feelings:

My behaviour:

Altered
Behaviour

Altered
Physical
Feelings

My body:

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www.fiveareas.com www.lltff.com



Vicious Cycle

From the
Understanding your feelings/
Why do I feel so bad
resources.

What's going on? Describe the situation:

My thoughts. Am I:

- Beating myself up?
- Focusing on the bad stuff?
- Being gloomy about the future?
- Expecting things to go wrong?
- Worrying what others may think about me?
- Other _____

My feelings. Do I feel:

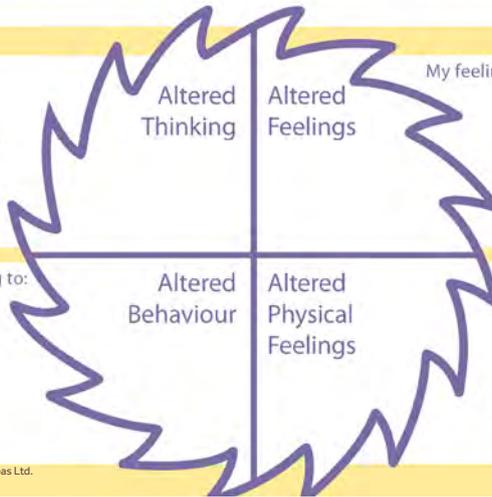
- Low/Sad?
- Stressed/Anxious?
- Guilty?
- Ashamed?
- Angry/Irritable?
- Other _____

My behaviour. Am I choosing to:

- Avoid something?
- Escape/Run away?
- Lean on others too much?
- Stop doing fun things?
- Stop seeing people I like?
- Doing things that backfire?
- Other _____

My body. Am I:

- Tense? Shaky?
- Sick? Can't sleep?
- Off my food? Heart racing?
- Hot/Sweaty? Dizzy?
- Tired out? Other _____
- Cold/Clammy?
- Not able to relax?



Five Areas™ diagram used under licence from Five Areas Ltd.
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STRUCTURE FOR PRACTICE

- ▶ Opening question (how are you? how are things?).
- ▶ Quick exploration of the situation.
- ▶ Introduce the 5 areas cycle map.
- ▶ Negotiate with the character about having a go.
- ▶ Ask questions so that each area is covered, and fill in the map, so that the character can see it; if the worker is not sure which area to put something, ask the character where they want to put it.
- ▶ Help the character to make the links between the 5 areas and see how they form a vicious cycle.



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BATHE TECHNIQUE

What's been happening since I last saw you?

What is going on in your life?

What troubles you most about the situation?

That must be very difficult for you
I can see how upset you are
I can hear how angry you are about that
Your reaction makes sense to me

B
BACKGROUND

A
AFFECT

T
TROUBLE

H
HANDLE

E
EMPATHY

How do you feel about it?

How are you handling it?
What helps you to handle it?

From: Stuart, M.R. & Lieberman, J.R. 'The Fifteen Minute Hour: applied Psychotherapy for the Primary Care Physician. New York: Praeger, 1993

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EXPLORING INTENSITY QUESTIONS

It would be useful for us to get a better understanding of the difficult feelings that you mentioned:

- ▶ How long have you been feeling like this?
- ▶ What seems to set off these feelings? (where, with whom, when).
- ▶ What effect is this having on your life? How is it impacting on your personal relationships, occupation/study, social life?





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THE PROCESS OF SUICIDE

Unresolved crisis and/or Prolonged distress

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Absence of protective factors
i.e. the things that provide comfort, enable one to cope and offer hope

- ▶ Social support and friends
- ▶ Coping and problem solving skills
- ▶ Sense of intrinsic worth
- ▶ Religion /spiritual beliefs

www.sane.org.uk/sane_on_suicide

Intense/unbearable distress

HOPELESSNESS

Suicide becomes a potential solution

SUICIDAL CONTINUUM

Thoughts about death Planning death Attempting suicide Death

Self harm behaviour

Suicide lies at the extreme end of a continuum "a common suicidal process" Goldney & Burvil, 1980

THE FIVE AREAS™ EXPERIENCE

Feelings	Behaviours	Thoughts	Physical
Hopelessness	Withdrawing / not going out	"I just can't go on"	Drained / without energy
Worthlessness	Stop talking to people	"I have nothing to live for"	Mentally and physically exhausted
Shame	Stop seeking help	"I'm a burden to everyone"	No motivation
Guilt	Acting recklessly / taking risks	"I wish I could go to sleep and never wake up"	Chronic pain
Failure	Drinking / taking drugs	"My life is over"	
Overwhelmed			

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ASKING THE PERSON ABOUT HOPELESSNESS AND SUICIDAL THOUGHTS

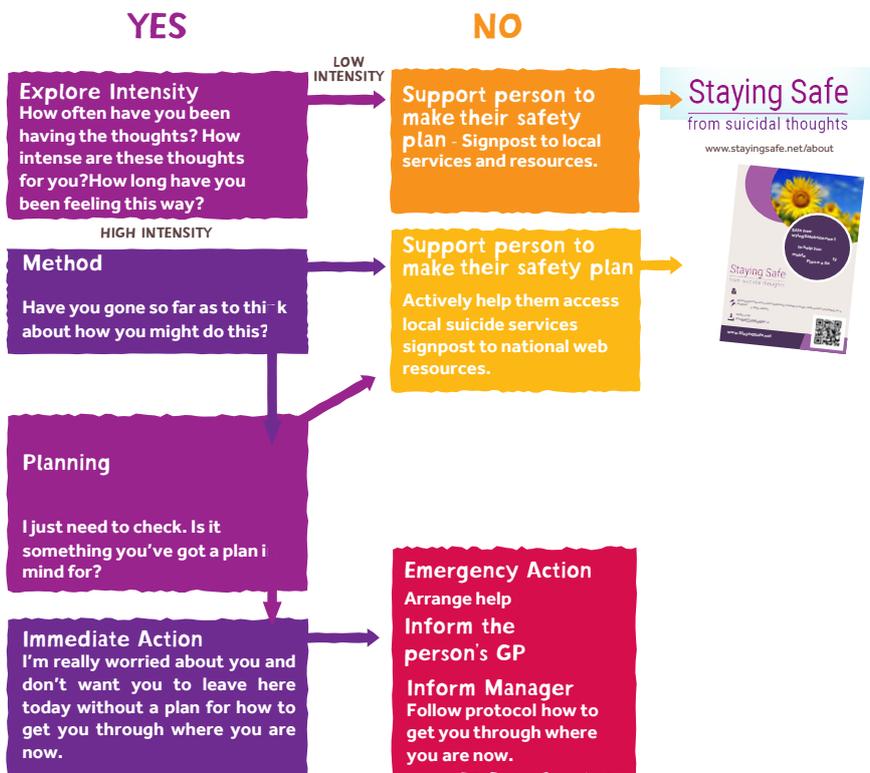
- ▶ If you find a person is experiencing intense and/or prolonged distress you need to be prepared to explore whether they are also experiencing feelings of hopelessness and suicidal thoughts.
- ▶ Your role is to build hope -break the chain reaction, safeguard the person and build a bridge to access further help.

Words like;

"You have mentioned that you have been feeling very low and have started drinking more in the evenings. I'd like to ask you more about how this is affecting you? Is this ok?"

"Sometimes when people have the thoughts and feelings you have described they can start to feel hopeless and have thoughts about ending their own life. Is this something you have found yourself experiencing?"

STEPPING UP FLOWCHART



Further reading - Keith Hawton (Ed) (2006) Prevention and Treatment of Suicidal Behaviour: From Science to Practice. Oxford University Press: Oxford.



LOOKING AFTER YOURSELF

- ▶ Get to know your service policy and procedures – do you have one?
- ▶ Make sure you share your experience with your colleagues and manager.
- ▶ Be familiar with your local mental health, crisis and suicide prevention services, and know how to refer.
- ▶ Use what you learnt to look after your own mental health and wellbeing.

FREE TO ACCESS SUICIDE PREVENTION SUPPORT



Free e-learning



www.zerosuicidealliance.com

Staying Safe from suicidal thoughts

Safety plan guidance tools



www.stayingsafe.net/about

SHINING A LIGHT ON SUICIDE

Web resources including self help booklets, helplines, lived experience recovery stories.



www.shiningalightonsuicide.org.uk

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IT'S SAFE TO TALK ABOUT SUICIDE

More tips about talking about suicide in your participant notes.

- ▶ Warning signs.
- ▶ Myth busting.
- ▶ What to do next.



Thankyou

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Graphic Design www.greg-whitehead.com Illustration www.mistermuir.co.uk

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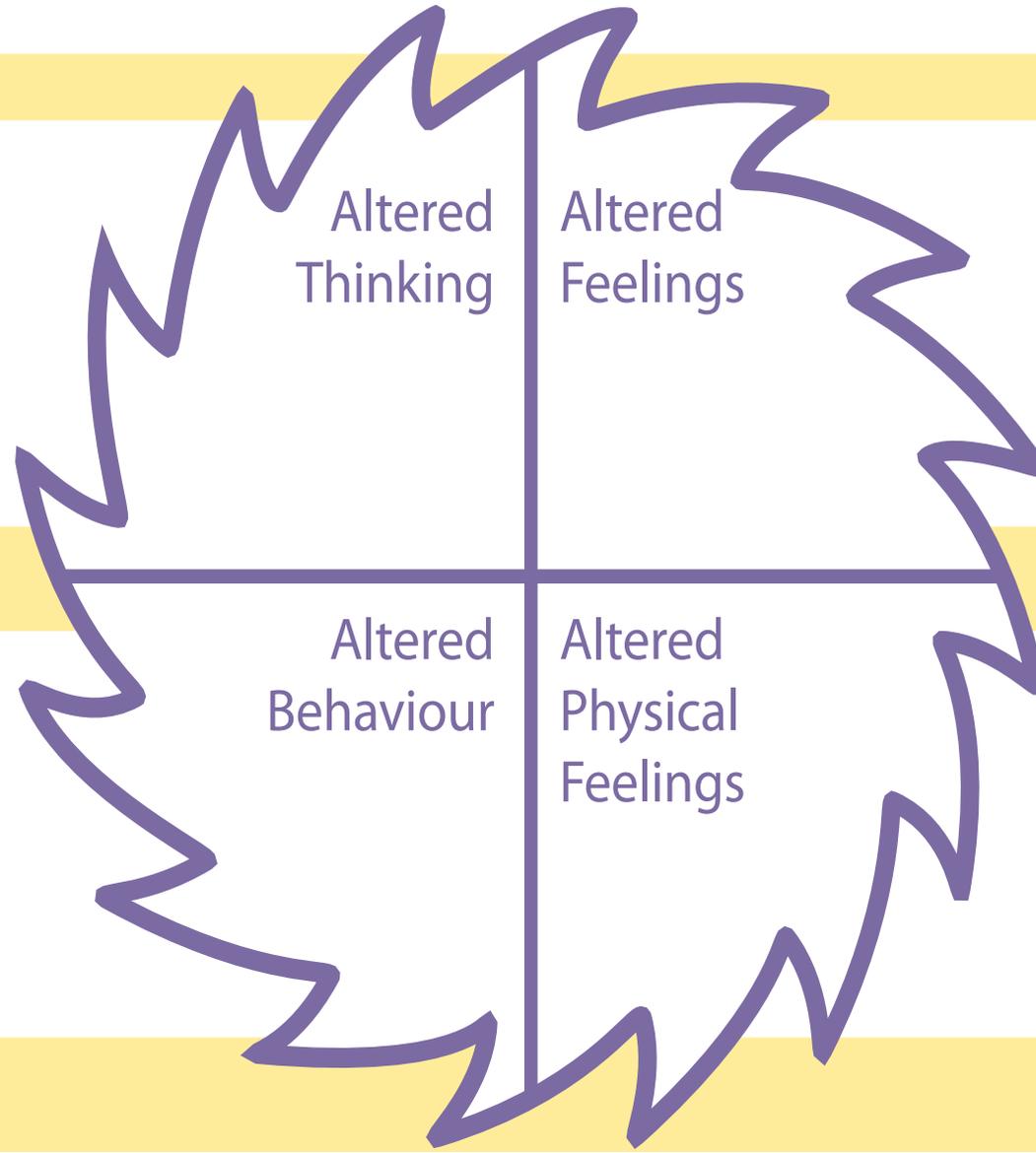
Altered
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My behaviour:

My body:

Altered
Behaviour

Altered
Physical
Feelings



BATHE TECHNIQUE

B
BACKGROUND

What's been happening since I last saw you?
What is going on in your life?

A
AFFECT

How do you feel about it?

T
TROUBLE

What troubles you most about the situation?

H
HANDLE

How are you handling it?
What helps you to handle it?

E
EMPATHY

That must be very difficult for you
I can see how upset you are
I can hear how angry you are about that
Your reaction makes sense to me

From: Stuart, M.R. & Lieberman, J.R. 'The Fifteen Minute Hour: applied Psychotherapy for the Primary Care Physician. New York: Praeger, 1993

EXPLORING INTENSITY QUESTIONS

It would be useful for us to get a better understanding of the difficult feelings that you mentioned:

- ▶ How long have you been feeling like this?
- ▶ What seems to set off these feelings? (where, with whom, when)
- ▶ What effect is this having on your life? How is it impacting on your personal relationships, work/occupation/study and social life?



If the person has been feeling like this for a couple of weeks, feels like this much of the time, or feelings are particularly strong with certain triggers, and it is having an impact on day-to-day life, such as getting up for work, playing with their children - step up to mental health support using key contacts for mental health services.

If the person describes (1) little interest or lack of pleasure in doing things (2) feeling down, depressed or hopeless in the last two weeks, explore thoughts of ending life using the questions overleaf.

STEPPING UP FLOWCHART

THE QUESTION:

Sometimes when people have the thoughts and feelings you have described they can start to feel hopeless and have thoughts about ending their own life.

Is this something you have found yourself experiencing?



FREE TO ACCESS WELLBEING RESOURCES

Download the new economics five ways to wellbeing cards

https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being

 <p>NHS choices www.nhs.uk</p>	<p>Five steps to mental wellbeing Evidence suggests there are five steps we can all take to improve our mental wellbeing.</p> <p>If you give them a try, you may feel happier, more positive and able to get the most from life.</p> <p>https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/</p>
 <p>Wheel of Well-being</p>	<p>Body. Mind. Spirit. People. Place. Planet. Welcome to the Wheel of Well-being. If you're interested in health and happiness - from a personal or a professional perspective - we hope you'll find the WoW website a good place to start, and you'll come back and visit often.</p> <p>www.wheelofwellbeing.org/</p>
 <p>Greater Good in Action SCIENCE-BASED PRACTICES FOR A MEANINGFUL LIFE</p>	<p>Build happiness, resilience, connection and more with research backed tools.</p> <p>http://ggia.berkeley.edu/</p>
 <p>mindkit</p>	<p>Some top tactics for implementing the five ways to wellbeing in your life, right now.</p> <p>https://www.mindkit.org.uk/5-ways-to-wellbeing/</p>
 <p>ACTION FOR HAPPINESS</p>	<p>Action for Happiness helps people take action for a happier and more caring world.</p> <p>www.actionforhappiness.org/</p>



FREE TO ACCESS SELF-HELP RESOURCES

 <p>ONE YOU</p>	<p>Every Mind Matters How are you taking care of your mental health? Get expert advice, practical tips and a personalised action plan with Every Mind Matters. www.nhs.uk/oneyou/every-mind-matters/</p> <p>Watch the advert www.youtube.com/watch?v=h6aC02Hyi1I</p>	
 <p>www.lltff.com</p>	<p>Living Life to the Full : helping you help yourself using online courses, written books, face to face classes, and worksheets, LLTTF is one of the most popular life skills programmes available and covers courses across the life span from pregnancy to older adulthood.</p> <p>www.lltff.com (members of the public) www.fiveareas.com (practitioners/supporters)</p>	
	<p>A range of self-help guides from the mental health foundation www.mentalhealth.org.uk/publications</p>	
	<p>Self Help Leaflets - Northumberland, Tyne and Wear NHS Foundation Self help guides produced by Northumberland, Tyne and Wear NHS foundation Trust titles cover a range of mental health issues. www.web.ntw.nhs.uk/selfhelp/</p>	
<p>READING WELL</p>	<p>Reading Well Reading Well helps you to understand and manage your health and wellbeing using self-help reading. The books are all endorsed by health experts, as well as by people living with the conditions covered and their relatives and carers. Available in all libraries. www.reading-well.org.uk/</p>	
<p>Moodzone</p>	<p>NHS Choices Moodzone Whatever you need to know about coping with stress, anxiety or depression, or just the normal emotional ups and downs of life. It offers practical advice, interactive tools, videos and audio guides to help you feel mentally and emotionally better. www.nhs.uk/conditions/stress-anxiety-depression/</p> <p>Check your mood with our mood self-assessment quiz www.nhs.uk/conditions/stress-anxiety-depression/mood-self-assessment/</p>	
	<p>Mindfulness for Wellbeing and Peak Performance Free 4 week course. Learn mindfulness techniques to reduce stress and improve your wellbeing and work/study performance in this online course. www.futurelearn.com/courses/mindfulness-wellbeing-performance</p>	

FREE TO ACCESS SUICIDE PREVENTION SUPPORT

Free e-learning & suicide prevention web resources



Free e-learning



www.zerosuicidealliance.com



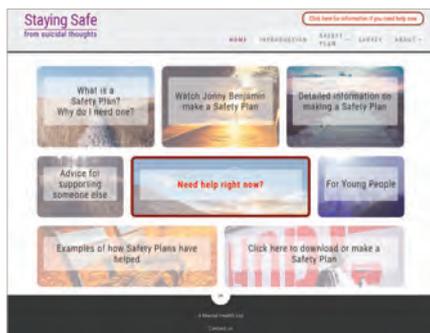
We need to talk about suicide: helping everyone to feel more confident to talk about suicide” is an e-learning programme that has been developed for the wider public health workforce including voluntary sector, emergency services, prison staff and prison listeners and all staff in health and social care. The learner will be able to complete the entire programme at once, which takes approximately between 60 and 90 minutes, or complete at their own pace in smaller sections.



<https://www.e-lfh.org.uk/programmes/suicide-prevention/>

Staying Safe from suicidal thoughts

Safety Plan guidance tools with easy to print / online templates and guidance video tutorials purposefully designed to help people through the process of writing their own Safety Plan to build hope, identify actions and strategies to resist suicidal thoughts and develop positive ways to cope with stress and emotional distress.



www.stayingsafe.net/about

SHINING A LIGHT ON SUICIDE

Online resources including self help booklets, dvd's, helplines, advice and support.



www.shiningalightonsuicide.org.uk

IT'S SAFE TO TALK ABOUT SUICIDE

SUICIDE IS RARE, BUT...

- ▶ it happens
- ▶ there are over 6,000 deaths by suicide in the UK every year – an average of 16 per day.

Don't think: "It couldn't happen to us." It can happen in any family.

Intense emotional strain and mental exhaustion can cause people to behave in uncharacteristic and unpredictable ways.

Don't think: "He's not the suicidal type." There isn't one.

Some things that drive people to think about suicide are:

- ▶ Personal catastrophes, such as being made redundant, the collapse of their own business, the break-up of a relationship or being refused access to children.
- ▶ A persistent sense of worthlessness or failure; uncertainty about sexual identity or personal goals.
- ▶ Good things happening to other people, such as friends getting married, going off to university or getting new jobs, and feeling left behind.
- ▶ A combination of the above. A whole series of little setbacks can sometimes be more devastating than one big thing.

WHAT ARE THE WARNING SIGNS?

There may not be any. An emotional crisis is not like a heart attack or a stroke, where there are visible warning signs.

People who have reached rock bottom can be very skilled at hiding their thoughts and feelings.

They MAY be:

- ▶ Quiet
- ▶ Brooding
- ▶ Withdrawn or distant
- ▶ Not making eye contact
- ▶ Agitated
- ▶ Irritable or rude
- ▶ Drinking a lot
- ▶ Talking about suicide or saying it's all hopeless

They may ALSO be:

- ▶ Busy
- ▶ Chirpy
- ▶ Living life as normal
- ▶ Going to work
- ▶ Laughing and joking
- ▶ Talking about future plans
- ▶ Telling you not to worry about them

So how will you know if they're thinking about suicide?

The safest way is to ask them.



WHY IT'S IMPORTANT TO ASK

If someone is suicidal, they are likely to be feeling:

- ▶ cut off from everyone around them
- ▶ frightened and ashamed about wanting to die
- ▶ desperate for help but afraid to ask.

They need someone to start the conversation for them. This shows them that they have permission to talk about it and that they don't have to wrestle with their dark and terrible thoughts alone.

SOME COMMON FEARS

"Won't talking about suicide put the idea in her head?"

No. If a person is suicidal, the idea is already there. If they aren't suicidal, it won't do any harm.

"What if I say the wrong thing? It could damage our relationship."

Showing a person you care about them won't damage your relationship. Saying nothing could result in losing them forever.

It's important to trust your gut instincts. If something about the person doesn't look or feel right, say something.

Saying something is safer than saying nothing.

Saying the word won't make it happen.



WHAT TO SAY

It can be really scary starting this kind of conversation.

Step 1: Explore how they're feeling

If something bad has happened to them, ask, **"How has it made you feel?"** They may shrug and say, "I'm OK." If they don't seem OK to you, keep trying, quietly and gently.

Listen attentively. Try to keep the dialogue open by asking questions like, **"How bad is it?"** or **"What's that like?"**

Don't deny what they're telling you, and don't pretend you know how they feel.



Step 2: Ask the 'S' question

If they give any indication that they're feeling hopeless or can't see the point in going on, ask clearly and calmly, **"Are you having any thoughts of suicide?"**

Don't be too quick to accept denials or joking responses.



WHAT TO DO NEXT

Here are some suggestions and sources of support. If at first you don't find the help you need, persist. Try all avenues and don't give up.

If someone tells you they're feeling suicidal...

- ▶ Make sure they're not left alone
- ▶ Remove anything they could use to take their own life, e.g. tablets, firearms, rope
- ▶ Get medical help immediately

Get medical help

- ▶ Phone your GP surgery (outside normal surgery hours, you'll be directed to an out-of-hours service)
- ▶ Call 999 or take them to A&E and stay with them until they are seen by a member of the mental health team

Even if it's only a hunch, share your concerns with others

- ▶ Don't be afraid to involve their family, friends or colleagues
- ▶ Share this leaflet with others and plan together how you are going to keep the person safe

Take care of yourself

- ▶ Talk to your own GP about your feelings
- ▶ Confide in a trusted friend
- ▶ Find a support group for carers of people with mental health problems
- ▶ If the person does take their own life, don't feel guilty.
- ▶ It is not always possible to prevent suicide.

CONFIDENTIAL HELPLINES AND SOURCES OF SUPPORT

Samaritans 116 123

(24 hours, free to call)

www.samaritans.org

PAPYRUS: Prevention of Young Suicide

0800 068 41 41

(Mon–Fri 10am–10pm; weekends

2pm–10pm; bank hols 2pm–5pm)

www.papyrus-uk.org

CALM: Campaign Against Living Miserably

0800 58 58 58

(7 days a week, 5pm–midnight)

www.thecalmzone.net

SANE Mental Health Helpline

0300 304 7000

(7 days a week 4.30pm–10.30pm)

www.sane.org.uk

MIND

0300 123 3393

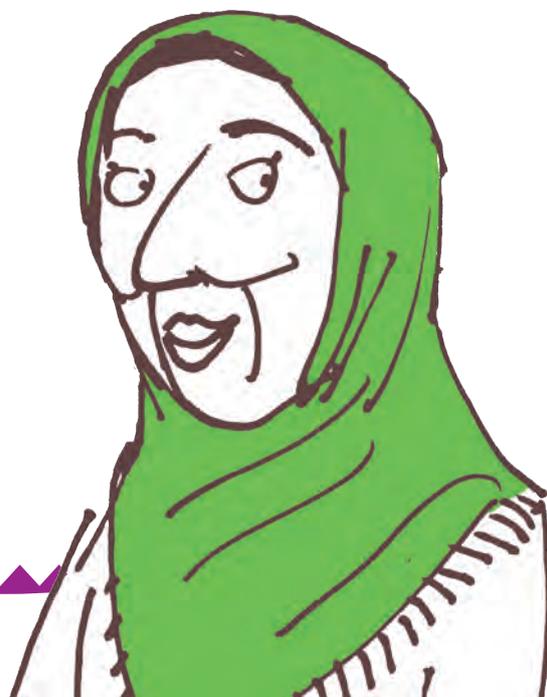
(Mon–Fri 9am–6pm)

www.mind.org.uk

Maytree: A sanctuary for the suicidal

020 7263 7070

www.maytree.org.uk



NOTES

A series of horizontal dotted lines for writing notes, spanning the width of the page.

Thankyou



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